

Mode of delivery among HIV-infected women in Helsinki University Hospital 2006-2013

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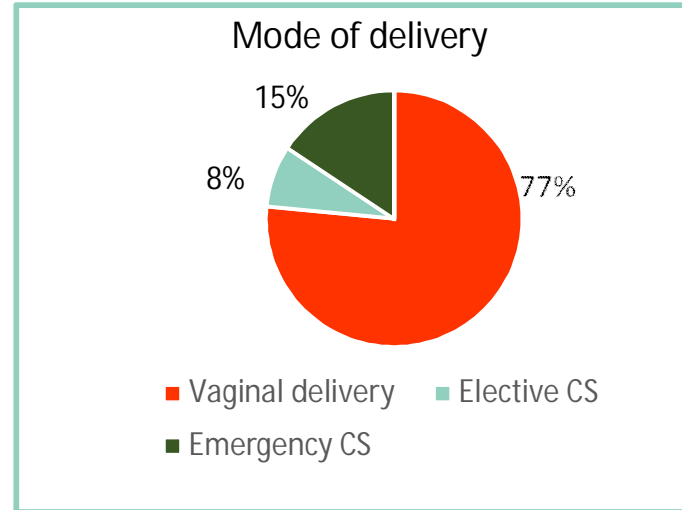


Introduction:

- Antiretroviral therapy (ART) during pregnancy, appropriate obstetric care, no breastfeeding and ART prophylaxis to infants are the cornerstones of minimizing the vertical transmission of HIV.
- Until recent years many guidelines have recommended caesarean section (CS) as the preferable mode of delivery.
- Our hospital has aimed towards vaginal delivery from the beginning of the HIV-epidemic.

Objectives:

- Study the mode of delivery among HIV-infected women in Helsinki University Hospital between 2006-2013
- Identify mother-to-child transmissions, proportion of CS and indications for CS



Indications for Caesarean section:

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Elective CS	N = 9
HIV	4
Breech presentation	2
Hepatitis C -infection	1
Previous CS	2
Emergency CS	N = 18
HIV	2
Breech presentation	3
Suspected fetal asphyxia	7
Failure to progress	6

Patient demographics:

Age at the beginning of pregnancy (mean ± SD)	30 ± 6 years
AIDS diagnosis	6 (5%)
HIV viral load <200 copies/ml	
• At the beginning of pregnancy	61 (55%)
• Before delivery	108 (94%)
Origin	
• Finland	33 (29%)
• Africa	37 (41%)
• Asia	10 (11%)
• Former Soviet Union	16 (18%)
Mode of transmission	
• IV drug use	8 (9%)
HIV-diagnosis during pregnancy	32 (28%)

Summary & conclusions:

- Altogether 115 children were born to 89 mothers.
- No mother-to-child transmissions occurred.
- Only 6 CS (5% of all deliveries) were performed due to HIV-indication.
- No CS were done for maternal request without medical indication.
- The rate of CS was similar to the overall rate of CS at our institution.
- CSs were mainly performed because of obstetrical indication.
- The policy of vaginal delivery appears safe and justified in women with well controlled HIV infection.